

Defense Systems Management College

Transcript/Verification of Course Attendance Request

Please complete ALL areas. Be sure to print legibly or type.

Requester/Student Name: _____ SSN: _____
(Include Maiden Name if Applicable)
Address: _____ Phone: _____
_____ Phone: _____
(DSN)

☐ Official Transcript (available for APMC/PMC only)

☐ Mail to:

☐ FAX to: Comm _____

DSN _____

☐ Verification of Attendance (available for all courses)

☐ Mail to:

☐ FAX to: Comm _____

DSN _____

Please complete the following for EACH course.

Title	Number/ Offering	Location Taken	Dates

Mail to: DSMC REGISTRAR, ATTN LISA JOHNSON, 9820 BELVOIR ROAD, FT BELVOIR VA 220060-5565 or Fax to Comm (703) 805-3983/3709, DSN 655-3983/3709. If more room is needed to list courses, use an attachment.

Please allow 3 weeks for processing. If you have any QUESTIONS, please call DSN 655-2146, Comm (703) 805-2146, or (toll free in U.S.) 1-888-284-4906.

PRIVACY ACT STATEMENT: AUTHORITY: 10 USC 8012; E.O. 9397. PRINCIPAL PURPOSE: To request mailing of student's official DSMC transcripts. **ROUTINE USES:** To authorize transmittal of official transcripts to agencies designated by student. Faculty and staff of DSMC and other federal agencies having a need to know may refer to this record in the performance of their official duties. The SSN is used to make positive identification of individual and record. **DISCLOSURE:** Disclosure is voluntary; however, failure to provide the information will result in the designated agency not receiving transcripts as requested by the student.

Student Signature _____ Date _____